

Hunt With a Crossbow Permit Application

Form 2300-107 (R 3/05)

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Note: If you possess a Class A or Class C permit, you do not need to complete this application. That permit allows you to hunt with a crossbow. [Certain Class B temporary permits also allow use of crossbow.]

☐ Check here if renewal.

An **initial** crossbow permit is valid for the 5-year period specified on the permit.

Upon **renewal**, a crossbow permit is valid for the 10-year period specified on the permit.

Notice: Use of this form is required by the Department for any application filed pursuant to ss. 29.171 and 29.193, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Effective December 1, 2001, Wisconsin residents age 65 or older are allowed to use a crossbow to hunt deer and small game but must possess a valid archery hunting license. A special crossbow permit is not required for residents over age 65. Personally identifiable information provided may be used to determine identity of the applicant, participation in natural resources surveys, eligibility for approvals and other enforcement purposes.

Application must be filled out completely. Mail this completed application form to the appropriate DNR regional office or service center.

Section I - To Be Completed By Applicant (Please type or print legibly)

Applicant Name			County of Residence		Previous Permit Number
Street or Route			Driver's License Number		
City, State, ZIP Code			Telephone Number (include area code)		
Date of Birth (Mo. - Day - Year)	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
I hereby certify that the above information is true and correct, and I hereby authorize the Department of Natural Resources to examine all medical records regarding my disability.					
Applicant Signature			Date Signed		

Section II - To Be Completed By Licensed Physician Within Six (6) Months of Submission of This Application

Applicant must have a disability meeting any of the following criteria:

1. Does applicant have an amputation or other loss of one or both arms above the wrist? ☐ Yes ☐ No
2. Does applicant have an amputation or other loss of the index or middle finger on the hand used to draw and release the bow? ☐ Yes ☐ No
3. Does applicant have a permanent substantial loss of function or range of motion in one or both arms, or one or both hands, or one or both shoulders, and fails to meet the minimum standards of any one of the standard tests? **Applications submitted under this paragraph need to complete page 2 of this form and provide additional documentation.** ☐ Yes ☐ No

Physician or chiropractor use this space to explain disability in laymen terms. Use additional sheets if necessary.

Name of Physician or Chiropractor (Please Print)		Medical License Number	Date Signed
Signature of Physician or Chiropractor		Telephone Number (include area code)	
Address		Mail Application To:	
City, State, ZIP Code			

Note to Applicant: This page is only required if you are applying for a permit **due to a disability associated with muscle weakness or limited range of motion**.

1. If the extent of your disability has never been measured or tested, your physician will need to direct the administration of the testing procedures indicated below. The results will need to be attached to this application.
2. Previous test results may be used for documentation if your physician or chiropractor is willing to attach those results to this application along with a statement that the attached test results are indicative of your present condition.

Registered Occupational and Physical Therapists are licensed to conduct exams for muscle and range of motion disabilities. The therapist, **ON ORDERS** from a physician, will conduct a test of the area of the body that you feel restricts your use of conventional archery equipment because of muscle weakness or limited range of motion.

Testing Procedures

Note to Examiner: You may use any medically accepted standard testing procedures to examine for muscle weakness or range of motion limitations of the shoulder. You should ascertain from the applicant or physician which muscle group is the source of the disability. Pain or lack of endurance alone cannot be used as grounds for granting a crossbow permit. Loss of function of the arm or hand must be substantiated through use of the standard upper extremity pinch, grip and 9-hole peg test. A score below the 10th percentile in any ONE test is sufficient proof to grant the permit.

If muscle strength tests are scored using the scoring grades "normal" through "zero", scores at "fair" or below are sufficient proof to grant the permit. If tests are scored using the "5" through "0" scoring grades, a score of 3 or less is sufficient proof to grant the permit. If tests are used using "functional" scoring grades, scores of "nonfunctional" or less is sufficient proof to grant the permit. If the range of motion disability is less than 50% of full range, the permit can be granted.

If the applicant is being tested for a "coordinative" disability and is given the "nine (9) hole peg test" and the score falls below the age-sex adjusted 10th percentile, the permit can be granted. If the "Mathiowetz" scoring tables are used, age and sex adjusted scores higher than 1.4 times the mean are sufficient for granting the permit.

If age and sex adjusted percentile scoring tables are used (such as the grip or pinch tests), scores falling under the 10th percentile are sufficient proof to grant the crossbow hunting permit. If the "Mathiowetz" scoring tables are used, scores falling below 55% of the age and sex adjusted mean scores are sufficient proof to grant the permit.

Attach a copy of your testing protocol and results and check the appropriate box below. Permit cannot be approved without results attached to this application.

Occupational or Physical Therapist Certification

BASED ON THE EXAMINATION CONDUCTED,

☐ **THE APPLICANT IS ELIGIBLE FOR A PERMIT TO HUNT WITH A CROSSBOW**

☐ **THE APPLICANT IS NOT ELIGIBLE FOR A PERMIT TO HUNT WITH A CROSSBOW**

Occupational or physical therapist use this space to explain disability in laymen terms. Use additional sheets if necessary.

Examiner Signature

Examiner Title

Examiner Telephone Number (include area code)

Date Signed